

Labor Standards Section**Form 8****Contract Award**

(Please fill out one form for each Contract awarded.)

Date:	
To:	Labor Standards Specialist
	Grants Management
	Indiana Department of Commerce
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
From:	
Grantee:	
Grant Number:	

Project/Contractor Information

Bid Date:	
Applicable Wage Determination:	
Contract Award Date:	
Name of Contractor:	
Contractor Address:	
Contract Type of Work/Division:	
Contract Amount:	\$
Estimated Start of Construction Date:	
Estimated Completion of Construction Date:	